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# Chapter 1

## Introduction

Low back pain is a major health problem in European countries. Low back pain is usually classified as acute when it persists for less than 6 weeks, subacute between 6 weeks and 3 months, and chronic longer than 3 months. However, there is growing support that the traditional view of low back pain consisting of single episodes of acute and chronic low back pain is inadequate. Low back pain typically has a recurrent course with fluctuating symptoms. The majority of back pain patients will have experienced a previous episode and acute attacks often occur as exacerbations of chronic low back pain. In general, recurrences will occur more frequently and be more severe if patients had frequent or long-lasting low back pain complaints in the past. Similarly, the longer the period of sick leave the less likely return to work becomes.

Low back pain is also a major socioeconomic problem in Europe associated with high costs of health care utilization, work absenteeism and disablement. Comparison of cost estimates among countries is difficult, because of differences in health care and social security systems, medico-legal aspects and socio-economic variables. The total costs of back pain in The Netherlands in 1991 were more than 4 billion Euro, in the United Kingdom in 1992 more than 2.7 billion Euro, and in Sweden in 1995 more than 2 billion Euro. Approximately 90% of the total costs were indirect costs due to work absenteeism and disablement reflecting the fact that back pain typically affects the working population.

These data clearly show that low back pain is a major burden to European society. The European guidelines for the management of low back pain were developed with the main objective to improve prevention and management of acute and chronic nonspecific low back pain. An evidence-based approach was used that integrated scientific evidence with clinical expertise and patient's preferences and expectations. This was possible, because evidence is available from many published randomised trials and sys-

tematic reviews. When the COST B13 project was initiated in 1999, several countries in Europe already had their own national guidelines. For example, The Netherlands and the United Kingdom. During the five years of this project guidelines were also published in other European countries, such as Denmark, Finland, Germany, Israel, Norway, Switzerland and Sweden. Diagnostic and therapeutic recommendations of these guidelines are generally similar, but some discrepancies exist. This is not surprising, because recommendations in guidelines are not only based on scientific evidence, but also on consensus. Consequently, recommendations may differ because guideline committees consider various arguments differently, such as the magnitude of the effects, potential side effects, cost-effectiveness, and current routine practice and available resources in their country. Also, national guideline committees may differently weigh other aspects such as side effects and costs. The COST B13 guidelines presented in this special issue intend to increase consistency of guidelines across Europe.

Guidelines are systematically developed statements to assist practitioner and patient decisions about appropriate health care. The European guidelines for the management of low back pain were developed with the main objective to improve prevention and management of acute and chronic nonspecific low back pain. Three Working Groups participated: 1) working group on European guidelines for acute low back pain, 2) working group on European guidelines for chronic low back pain, 3) working group on European guidelines for prevention of low back pain. The members of the Working Groups are responsible for their own guidelines. The original working plan was developed by the Management Committee. Between December 1999 and October 2004 the Management Committee had 10 meetings, usually combined with meetings of the Working Groups. Members of the Management Committee also commented on and finally ap-

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proved the final guidelines. They do not necessarily support all specific recommendations in the three guidelines.

The target population of these guidelines consists of individuals or groups that are going to develop new guidelines or update existing guidelines, and their professional associations that will disseminate and implement these guidelines. Indirectly, these guidelines also aim to inform

the general public, patients with low back pain, and health care providers dealing with patients suffering from low back pain, and policy makers in Europe. Publication of the European guidelines in this special issue of the European Spine Journal will hopefully lead to a further improvement of primary care for low back pain.